

Paid: \$
Check #:
MO#:
Date:

VERMONT DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
Asbestos and Lead Regulatory Program
108 Cherry Street, P.O. Box 70
Burlington, VT 05402

APPLICATION FOR CERTIFICATION OF LEAD CONTRACTORS

Please complete all sections of the application by printing or typing the required information, attaching all required documentation, completing and enclosing the tax form. Applications submitted without the applicable fee will be returned. Attach additional sheets as needed. The responsible person shall sign the application. Contact the Program at (802) 863-7231 with any questions.

Please submit a check to the Vermont Department of Health for the appropriate annual certification fee.

ANNUAL FEE IS \$500.00

1. TYPES OF CERTIFICATION BEING APPLIED FOR:

- 1) Lead Abatement Contractor:
a) Target Housing & Public Buildings []
b) Superstructures & Commercial Buildings []
- 2) Lead Consulting Contractor []
- 3) Lead Analytical Laboratory []

CHECK ONE: INITIAL CERTIFICATION: [] RENEWAL CERTIFICATION: []

If renewal:

Certification # _____ exp date _____

Certification # _____ exp date _____

2. APPLICANT:

CONTRACTOR: _____

RESPONSIBLE INDIVIDUAL: _____

TITLE: _____ Phone No. () _____ Fax No. () _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____ Entity Tax ID # _____

If your firm has more than one location, please list each branch with address and phone number separately.

3. THE CONTRACTOR IS:

- _____ 1) A Corporation _____ 2) A Partnership
_____ 3) An Unincorporated Association _____ 4) Sole Proprietorship
_____ 5) Other (specify) _____

-- A diagram of your organizational structure must be submitted with this application.

4. APPLICATION AND CERTIFICATION INFORMATION:

Is the applicant seeking certification under the Vermont Regulations for Lead Control licensed, certified, permitted or registered as such in any other state besides Vermont or with any municipality? Yes _____ No _____

If yes, give the name of the state or municipality and license number and enclose a copy of the permit or certificate:

5. EMPLOYEES:

The applicant shall not allow any employee to perform any lead-related service or activity unless the employee is certified by the Department to provide that service.

- 1) List the full names and social security numbers of all employees of the applicant who will provide lead related activities. List the current certificate numbers and type of certification issued by the Department to the personnel employed by the applicant. Attach a list to the submission.

6. CONTRACTOR ENFORCEMENT ACTIONS (All applicants):

Please submit documentation of all state, municipal and federal enforcement actions from previous two years if initial application and past year for renewals.

- 1) Are there any outstanding actions or investigations regarding lead abatement activities initiated by any state (including Vermont), municipality federal agency or department pending against the application? Yes No _____
- 2) Has the applicant ever been notified by any state (including Vermont), municipality, federal agency, or department that you have been in violation of, or in non-compliance with any law or regulation regarding lead abatement activities? Yes _____ No _____
- 3) Has the applicant ever been found to be in violation of any law or regulation regarding lead abatement activities by any state (including Vermont), municipality federal agency, or department Yes _____ No _____

If the answer to any of these questions is yes, even though you may disagree with those actions, provide detailed information about the notice or action including the agency taking action and copies of enforcement correspondence. Also include your response to this correspondence and what procedures have been instituted to prevent further re-occurrences. The Program routinely checks enforcement actions through state and federal enforcement reports.

7. WORKER PROTECTION, ACCREDITATION AND EXPERIENCE: (INITIAL APPLICANTS AND UPDATE IF RENEWAL)

Please provide documentation of experience, worker protection and accreditation for the types of certification applied for:

- 1) Abatement Contractor:
 - a. Documentation of accredited Contractor/Supervisor initial training with refreshers, if applicable, by the responsible individual.
 - b. All Worker Protection Programs should demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926.62, to include Respiratory Protection, Medical Monitoring, Exposure Monitoring, Protective Clothing and Equipment.
 - c. Documentation of project experience in lead paint abatement or other related environmental experience such as asbestos abatement or hazardous material remediation.
- 2) Consulting Contractor:
 - a. Shall employ individuals that obtained certification or are eligible to obtain certification to perform lead paint consulting services and activities.
 - b. All Worker Protection Programs should demonstrate compliance with the applicable portions of VOSHA 29 CFR 1926.62, to include Respiratory Protection, Medical Monitoring, Protective Clothing and Equipment. If XRF equipment is use, the appropriate worker protection and monitoring for radiological exposure shall be included.
 - c. Documentation of experience in lead paint abatement oversight, consulting or other related environmental experience such as asbestos abatement or hazardous material remediation.

ASSOCIATIONS WITH OTHER LEAD RELATED BUSINESSES:

Does the applicant, any employee or other individual with financial interests in the applicant, have any financial or professional involvement with any other individual or firm certified under the Vermont Regulations for Lead Control now or in the past? Yes _____ No _____

If yes, describe this relationship in detail. (Attach additional sheets if necessary).

I certify that I have read and understand the requirements of the Vermont Regulations for Lead Control. I further certify that this application is prepared in conformity with the Vermont Regulations for Lead Control, and that all the information contained herein, including any supplements attached hereto, are true and correct to the best of my knowledge and belief.

SIGNATURE OF RESPONSIBLE INDIVIDUAL _____ DATE _____

	<u>FOR OFFICE USE ONLY</u>
CERTIFICATION NUMBER _____	EFFECTIVE DATES _____
CERTIFICATION NUMBER _____	EFFECTIVE DATES _____

STATEMENT OF COMPLIANCE FOR VERMONT LEAD CERTIFICATION

1. Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is no under an obligation to pay child support is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the Office of Child Support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

2. Tax Liability (32 V.S.A. Section 3113)

No state agency may issue or renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as reasonable possible, of the agency finds an unreasonable hardship.

CERTIFICATION OF COMPLIANCE

I have read the above material concerning child support and tax liability.

I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support.

I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes due as of the date of this statement.

This certification is made under the pains and penalties of perjury.

DATE: _____

SIGNATURE: _____

NAME(PRINTED): _____

TITLE: _____

ENTITY TAX I.D.#: _____

LEAD CONTRACTOR CHECKSHEET FOR CERTIFICATION

The following are items that are generally missed when contractors submit applications for certification. Please check these items carefully on your application, as incomplete applications will be returned. During the review process, if the information is found to be incomplete and unobtainable, your application will be denied and the fees will not be returned.

ALL APPLICANTS

- ___1) Is the application and tax/child support form signed and dated? An original signature is required. A signature stamp or photocopy of a signature will not be accepted.
- ___2) Is the type of certification checked?
- ___3) Is the proper certification fee submitted? Is the check made out to the Vermont Department of Health?
- ___4) Has the enforcement action section been filled out? Copies of enforcement correspondence and your response to these actions should be submitted.
- ___5) Has the documentation of worker protection requirements or any revisions been submitted?

INITIAL APPLICANTS

- ___1) Please indicate the type of business entity; corporations and wholly owned subsidiaries should provide a diagram of the corporate structure.
- ___2) Has a list of employees and certification numbers and types of certification been provided?
- ___3) Has a listing of project experience been included?

LEAD LABORATORY

- ___1) Have a list of employees performing analysis or other services with social security numbers been provided?
- ___2) Has documentation of proficiencies, state certifications, and accreditations been submitted? Has the quality assurance/quality control manual been included or any changes?

Be sure to review the regulations and your application before you submit it for processing.